



Arthur J. Gallagher & Co.

4350 W. Cypress Street, Suite 300 Tampa, FL 33607

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McDonald's Owner/Operator Insurance Questionnaire Workers Compensation

Please complete one questionnaire for each separate business entity.

BUSINESS INFORMATION

Name of Owner/Operator:	
Name of Business:	
Mailing Address:	<input type="checkbox"/> Mailing Address Only <input type="checkbox"/> Location to be Covered
Telephone:	Fax:
E-Mail Address :	FEIN:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Number of Years in Business: _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> LLC <input type="checkbox"/> Other

Name of <u>all</u> Owners / Officers	Title	% of Ownership	Workers Comp.	Duties	Annual Remuneration
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
			<input type="checkbox"/> include <input type="checkbox"/> exclude	<input type="checkbox"/> Restaurant <input type="checkbox"/> Administrative	
Employee Information	Full Time	Part Time	Average Wage Per Hour	# of Employees Hired in past 12 Months	
Restaurant - Managers & Crew					
Area Supervisors					
Clerical					

Signature/Title

Date



Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

STORE NUMBER	STORE ENTITY NAME & FEIN	STORE ADDRESS:	Latest Closing Time		Class Description	2018 Estimated Annual Payroll
			Lobby	Drive Thru		
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	

[If a store is not listed above, please provide the store number & information. Add additional information on a separate sheet as needed.]

Signature/Title _____

Date _____



Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

STORE NUMBER	STORE ENTITY NAME & FEIN	STORE ADDRESS:	Latest Closing Time		Class Description	2017 Estimated Annual Payroll
			Lobby	Drive Thru		
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	

[If a store is not listed above, please provide the store number & information. Add additional information on a separate sheet as needed.]

Signature/Title

Date



Store Entity Name & Estimated Annual Payrolls

[See Page 1 for Corporate Officers – Do NOT Include Here]

					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	
					Manager / Crew	
					Multi-Store Manager	
					Clerical	

[If a store is not listed above, please provide the store number & information. Add additional information on a separate sheet as needed.]

Signature/Title

Date